

## STATE OF CONNECTICUT TEACHERS' RETIREMENT BOARD

21 GRAND STREET HARTFORD, CT 06106-1500

Toll-Free 1-800-504-1102 (860) 241-8400 Fax (860) 525-6018 www.ct.gov/trb

## DIRECT ROLLOVER/TRUSTEE TO TRUSTEE TRANSFER REQUEST FORM

The Connecticut Teachers' Retirement Board (CTRB) is a qualified plan under Section 401(a) of the Internal Revenue Service Code. CTRB will accept a direct rollover/trustee to trustee transfer of funds from an eligible plan under the following conditions: 1) The member has separated from service or terminated employment or 2) These funds are being used for the purchase of documented Prior Connecticut Teaching Service or Additional Credited Service PROVIDED A FORMAL INVOICE FOR SUCH SERVICE HAS BEEN ISSUED TO THE MEMBER BY CTRB AND THE COMPLETED AND SIGNED INVOICE ACCOMPANIES THIS FORM.

SECTION A: TO BE COMPLETED BY MEMBER			
I request a direct rollover/trustee to trustee transfer of my funds in the amount of \$to the Connecticut Teachers' Retirement Board under the terms and regulations of Section 402 of the Internal Revenue Code.			
Reason for direct rollover/trustee to trustee transfer (	select one):		
☐ I have separated from service or terminated trustee to trustee transfer will be deposited into Board.			
☐ I wish to apply these funds towards the pur Additional Credited Service. I have received a for with payment options AND this completed and signe of this direct rollover/trustee to trustee transfer may	mal invoice from CTRB ed invoice is attached as	notifyin require	g me of the cost of this service d. I understand that the amount
Member's Name		Social Security Number	
Mailing Address		Telephone Number	
		(	)
Member's Signature	Date Signed		Email Address
SECTION B: TO BE COMPLETED BY CUSTODIAN/TRUSTEE			
We approve this request and will transfer the funds as a tax-free exchange under Section 402 of the Internal Revenue Code. The distribution source of this direct rollover/trustee to trustee transfer is <i>(check one)</i> :			
<ul> <li>☐ Another Qualified Employer Plan I.R.C. 401(a)</li> <li>☐ Profit Sharing Plan I.R.C. 401(k)</li> <li>☐ Individual Retirement Account (IRA) I.R.C. 408</li> <li>☐ Deferred Compensation I.R.C. 457</li> <li>☐ Tax Sheltered Annuity (TSA) I.R.C. 403(b)</li> </ul>			
Custodian/Trustee Name		Account Number	
Mailing Address		Telep	hone Number
		(	)
Signature of Representative and Title		Date Signed	

Custodian/Trustee should mail this completed form and a check issued as requested to:

State of Connecticut Teachers' Retirement Board FBO: (Member's Name) P.O. Box 30173 Hartford, CT 06150